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 TITLE: Staphylococcus enterotoxin A modulates interleukin  
 15-induced signaling and mitogenesis in human T cells.  
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AB T cells expressing the appropriate T-cell receptor Vbeta chain  
 proliferate  
 in response to Staphylococcus enterotoxin A (SEA) pulsed **antigen**  
~~-presenting~~ cells (APC), whereas other T cells do not (SEA  
 "non-responders"). Activated human T cells express MHC class II molecules  
 that are high affinity receptors for SEA. Here we show that, in the  
 absence of APC, SEA induces a profound inhibition of IL-15-driven  
 proliferation in MHC class II+, human SEA-"responder" T-cell lines. In  
 contrast, proliferation induced by phorbol ester (PMA) was enhanced by  
 SEA. The inhibitory effect on cytokine-mediated mitogenesis correlates  
 with an inhibition of IL-2Rbeta expression and ligand-induced tyrosine  
 phosphorylation of IL-2R. Cyclosporin A (CyA), an inhibitor of the  
 protein  
 phosphatase (PP2B) calcineurin, strongly inhibits the SEA-induced  
 modulations of cytokine receptor expression. Moreover, CyA inhibits both  
 the anti-mitogenic effect of SEA on cytokine-induced proliferation and  
 the  
 pro-mitogenic effect of PMA. In contrast, inhibitors of PP1, PP2A,  
 protein  
 kinase C (PKC), phosphatidyl-inositol-3-kinase (PI-3K) and mammalian  
 target of **rapamycin** (mTOR) are unable to inhibit the effects of  
 SEA. In a SEA "non-responder" T-cell clone obtained from the affected  
 skin  
 of a patient with psoriasis vulgaris, SEA does not inhibit IL-2Rbeta  
 expression and IL-15-driven proliferation. On the contrary, SEA enhances  
 IL-15- and IL-2-induced proliferation via a CyA-sensitive pathway in this  
 T-cell clone. In conclusion, the present data show that (i) SEA  
 selectively inhibits IL-15- (but not PMA-) mediated proliferation in SEA  
 "responder" T cells, (ii) SEA enhances cytokine-driven growth in  
 psoriasis  
 T cells with a "non-responder" phenotype, and (iii) crosstalk between SEA  
 receptors and the IL-15R (and IL-2R) pathway is mediated via a  
 PP2B-dependent and PP1/PP2A-, PKC-, PI-3 kinase- and mTOR-independent  
 pathway in human T-cell lines.

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